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COVER LETTER

Registration Section

TO:

DIV	ision of Corporations				
CHDICT.	Mojo Investors, LLC				
SUBJECT	Namo	of Limited Liability Company			
The enclosed Existence, at	I "Application by Foreign Limited Liability Conditional Check are submitted to register the above to	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.			
Please return	all correspondence concerning this matter to	o the following:			
	Joseph Paul Meiville				
	Name of Person				
		Firm/Company			
400 NW 1st Ave, Apartment 2202					
		Address			
	Miami, Ft. 33128				
	C	ity/State and Zip Code			
	melville.joseph.paul@gmail.com				
	E-mail address: (to be	used for future annual report notification)			
For further i	nformation concerning this matter, please cal	II:			
Jos	seph Paul Melville	443 974-1991 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Ma	illing Address:	Street Address:			
	gistration Section	Registration Section			
Di	vision of Corporations	Division of Corporations			
P.(D. Box 6327	The Centre of Tallahassee			
Ta	llahassee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee S130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee, Certificate			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Mojo Advisors, LL	·	
name unavailable, enter alternate r	Mose Advisors, L.L. I have adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabilit	y Company," "L.L.C," or "LLC.")
Delaware		86-2342961 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if	applicable)
7/1/2021			
	(Date first transacted business in Florida, if prior to r (See sections 605 0804 & 605 0805, F.S. to determine	egistration.) e penalty liability)	_
400 NW 1st Ave, Apartment 2202		400 NW 1st Ave, Apartment 22	
rrect Address of Principal Office)		(Mailing Address)	
Miami, FL 33128		Miami, FL 33128	
-			
	_		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	202
rane and <u>savet address</u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Joseph Paul Melville		2021 AUG 20
Name:			
Office Address:	400 NW 1st Ave, Apartment 2202		PH 12:
	Miami	33128	2: 28 [A][-][A][-
		, Florida	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:	
■ Manager	Name:	□Manager	Nume: N/A		
□Member	Address: 400 NW 1st Ave	□Member	Address:		
■ Authorized	Apartment 2202	□Authorized			
Person	Miami, FL 33128	Person			
□Other	Other	Other	 -	Other	
□Manager	Name: N/A	□Manager	Name: N/A		
□Member	Address:	□Member	Address:		
□Authorized		□Authorized		2021	
Person		Person	<u>-</u>	>	
□Other	Other	Other		□Other > 5	;
□Manager	Name: N/A	□Manager	Name: N/A	PM12: 28	
□Member	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	Other		□Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State concritiones a third degree felony as provided for in s.817.155, F.S.

Senature of an authorized person

Joseph Paul Melville - Manager & Authorized Person



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOJO INVESTORS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOJO INVESTORS,

LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203779391

Date: 07-28-21



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2021

JOSEPH PAUL MELVILLE MOJO INVESTORS, LLC 400 NW 1ST AVE, APT 2202 MIAMI, FL 33128

SUBJECT: MOJO INVESTORS, LLC

Ref. Number: W21000111243

We have received your document for MOJO INVESTORS, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

L07000076701

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 721A00019115

Thank you Mel! Please see I have updated the attached convent with an alternate name.

FICTIVED

AUG 211 2021